

**COMMITTEE ON VETERANS' AFFAIRS
U.S. HOUSE OF REPRESENTATIVES**

FULL COMMITTEE

HEARING

**“Building a Better VA: Assessing Ongoing Major Construction Management Problems within
the Department”**

Wednesday, January 21, 2015, at 10:30 A.M

334 CANNON HOUSE OFFICE BUILDING

STATEMENT OF RANKING MEMBER CORRINE BROWN

Thank you, Mr. Chairman, for holding this hearing today. From Day one, I have been a member of this Committee, and I am pleased, after 22 years, to be the Ranking Democrat. I look forward to working with you and all the other members to help our nation's veterans.

We all agree that providing veterans timely, quality health care in a safe environment is a focus of this Committee. The VA provides the best care and treatment for veterans in the world and we need to make sure that continues.

One critical element of this focus is the manner in which VA provides veterans access to health care.

For many years, VA has structured itself around a “hub-and-spoke” system where clinics and other smaller facilities feed into large medical centers.

One of the discussions this Committee must begin to have is whether this structure is the best structure for VA health care looking into the future and again, looking down the road, what steps do we begin to take to ensure that veterans have reasonable access to the health care they need.

This Committee has authorized, and Congress has appropriated, billions of dollars for VA construction programs over the past decade. The question we must ask ourselves is are we getting what we paid for, and has access improved for our veterans.

We must ask ourselves what must be done to make the VA construction program function as we intend it to. What must we do to make sure that the facilities we are building today do not come in over budget and late. If we do not do this we run the risk of building facilities that may already be obsolete when the doors are open and are merely expensive memorials and little else.

For nearly two decades the VA was out of the major facility business. By not building any major medical centers in the 20 years preceding authorization of the Las Vegas, Orlando, Denver and New Orleans Medical Centers, has the VA lost the ability to manage a construction portfolio?

Do we need to expect better management and more effective processes? What are the barriers currently in place that make it difficult for VA to come in on time and within budget? Should we look outside the VA for expertise?

From my personal experience with the years of delay in Orlando, and the issues in Denver, it seems the VA continues to struggle with construction planning and execution. What we need is to work together with the stakeholders to come up with a viable solution.

One possible solution is for the VA to work closer with the private sector and establish relationships with hospitals. One idea might be that VA use a ward in an existing hospital, bring it up to VA standards and then have a presence in that community. Facilities, resources and personnel could be shared, which would reduce costs for everyone involved and improve access.

Mr. Chairman, I am looking forward to hearing from the VA not only what they are going to do to address past problems and delays in the construction process, but other ideas on how they can ensure these problems actually get fixed and are not repeated in the future.

Thank you Mr. Chairman and I yield back my time.